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When one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		BUREAU OF VITAL STATISTICS		State Index No.	
County of	<u>Yila</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Registrar's No. <u>388</u>	
District of		Child given name amended from <u>Jesus</u> to <u>Joseph</u> per off. of reg. and health, appl. 6-11-68 (9-6-72 cl)		Local Registrar's No.	
Town of	<u>Miami</u>	(No. <u>1</u> )		St. <u>Ward</u>	
City of		Full Name of Child <u>Joseph Suarez Garcia</u>		Born <u>YES</u>	
If child is not named, make Supplemental Report on blank obtainable from local registrar.				Alive <u>NO</u>	
Sex of Child	<u>Male</u>	Twin, Triplet or other	and	Number in order of birth	1
Legitimate?	<u>yes</u>	Date of Birth	<u>June 21</u>	Month	<u>1921</u>
Full Name		FATHER		MOTHER	
Residence		<u>Jesus Garcia</u>		<u>Anita Suarez</u>	
Color or Race		<u>Mex</u>		<u>Mex</u>	
Age at last Birthday		<u>24</u> Years		<u>19</u> Years	
Birthplace		<u>Sonora, Mexico</u>		<u>Cochise, Arizona</u>	
Occupation		<u>Miner</u>		<u>Housewife</u>	
Number of child of this Mother		1		Number of Children, of this mother, now living	
		1		Were precautions taken against Ophthalmia neonatorum?	
				<u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of the above child; and that it occurred on <u>June 21, 1921</u> , at <u>1 P.M.</u>					
*When there is no attending physician or midwife, then the householder should make this return.					
Signature <u>C. M. Crow M.D.</u>					
Attending physician, midwife, householder.*					
Given or Christian name added from a supplemental report <u>191</u>					
Address <u>Miami, Arizona</u>					
Filed <u>June 30</u> 19 <u>21</u> <u>By</u> <u>Steady</u> <u>Male</u>					
A True Copy <u>139</u> LOCAL REGISTRAR.					
Filed <u>July 3</u> 19 <u>21</u> <u>By</u> <u>Steady</u> <u>Male</u>					
COUNTY REGISTRAR.					